





**Turtle Mountain Community College**

P.O Box 340

Belcourt, ND 58316 Telephone: (701)477-7862 Fax: (701)477-7807

**TRAVEL REPORT SUMMARY**

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_  
 State / Zip Code \_\_\_\_\_

Travel Justification \_\_\_\_\_  
 Location \_\_\_\_\_  
 Period of \_\_\_\_\_ To \_\_\_\_\_

Summarize topics covered, major points of speaker(s) presentation for each session attended in the space provided below:

Date	A.M. Session	P.M. Session
Day of Week		
Date		
Day of Week		
Date		
Day of Week		
Date		
Day of Week		

Additional Comments:

## Supplemental Travel Report

1. Were there students on the trip?  Yes  No

2. Are you aware of any incidents that occurred involving a student?  Yes  No

If yes, name the student(s) involved and explain what occurred?